

# Texas Wesleyan 2017-2018 Student Health Insurance Plan - Domestic



## Eligibility

All domestic undergraduate students taking at least six (6) or more credit hours (three (3) in the summer), all domestic graduate students taking three (3) or more credit hours, and all domestic Graduate Program of Nurse Anesthesia (GPNA) students taking at least one (1) credit hour are eligible to enroll in the Student Health Insurance Plan.

Please view the complete brochure on-line at [txwes.myahpcare.com](http://txwes.myahpcare.com) for full details of participation in the plan.

### Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

### Additional Information

- [txwes.myahpcare.com](http://txwes.myahpcare.com)
- 1-855-922-7326



# Texas Wesleyan University 2017-2018 Student Health Insurance Plan

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is UnitedHealthcare Choice Plus PPO.

## BENEFIT MAXIMUMS & DEDUCTIBLES

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Deductible</b>	Network Provider: \$ 125 per Insured Person, per Policy Year Non-Network Provider: \$ 250 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$ 5,500 per Insured Person, per Policy Year Non-Network Provider: Unlimited, per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	Network Provider: \$ 11,000 for all Insureds in a Family, per Policy Year Non-Network Provider: Unlimited, for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on the Usual and Customary Changes</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees <i>\$30 Copayment per visit (deductible waived)</i>	100%	60%
Physiotherapy	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>\$150 Copayment per visit</i>	80%	80%
Prescription Drugs <i>Up to 31-day supply per prescription</i>	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$10 Copayment per Tier 1 \$30 Copayment per Tier 2 \$50 Copayment per Tier 3	\$30 Copayment per prescription generic drug \$50 Copayment per prescription brand-name drug
*Preventive Care Services	100%	60%

\*For more information, please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/).

## 2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Domestic Coverage Periods	Annual	Spring/Summer
	08/01/2017 through 07/31/2018	01/01/2018 through 07/31/2018
Open Enrollment	07/17/2017 through 09/08/2017	12/11/2017 through 02/02/2018
Student	\$ 2,733	\$ 1,585
Spouse	\$ 2,733	\$ 1,585
Child	\$ 2,733	\$ 1,585

To view all enrollment and coverage periods available, please visit [txwes.myahpcare.com](http://txwes.myahpcare.com) or call Academic HealthPlans at 1-855-855-922-7326.

DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.